. 1 PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000 or <u>Fax</u> INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 7590 06/09/2004 Sung-Tsun Tsai Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below. 58, MA YUAN WEST ST. TAICHUNG, TAIWAN (Signature) (Date) CONFIRMATION NO. APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. 3207 10/615,482 06/25/2003 Sung-Tsun Tsai TITLE OF INVENTION: RECLINING CHAIR **SMALL ENTITY** ISSUE FEE **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE APPLN, TYPE 09/09/2004 YES \$665 \$300 \$965 nonprovisional **CLASS-SUBCLASS EXAMINER** ART UNIT BROWN, PETER R 3636 297-342000 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): ☐ Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number ______ (enclose an extra copy of this form). D_Advance Order - # of Copies Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. (Authorized Signature) (Date) 08/06/2004 YPOLITE2 00000023 10615482 5 Q 01 suna 665.00 OP NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. 01 FC:2501 300.00 OP 02 FC:1504 This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND TEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents Alexandria Virginia 22313-1450.

TRANSMIT THIS FORM WITH FEE(S)

SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

BHC, LTD

58 MA YUAN WEST ST., TAICHUNG, TAIWAN. TEL:886-4-2295-0205 FAX:886-4-2295-0203 e-mail:bellcorp@ms62.hinet.net e-mail:biic@ebtnet.net



UNITED STATES DEPARTMENT OF COMMENT 報應證朝聯 COMMISSIONER OF PATENTS AND TRADEMAN P.D. Box 1450, Hexandria, UA 22313-1450 To: 收件人姓名地址 Addressee's name & address U.S. DEPARTHENT OF COMMERCE ☐ Yes ☐ № Amount Insured NT\$ 保 價 余 類 2269965 郵局經辦員簽章 Patent and Trademark Office Insurance 保 價 Total Weight 🖈 🛧 Z×# Document 、人、人、 郵減區號 Postal Code E3, くナ certify that all information provided by me is true and that this article 单件编號 Serial No. 两部 Merchandise Value領値 Ž does not contain any hazardous or pro 兹进明本人所填資料。 查证明本人所填資料。 Document 電話 Tel. 社會全面 國際快捷郵件 EXPRESS MAIL SERVICE AUG 0 6 2004 内效物品 寄件人姓名地址 Sender's name & address satent Contents 西何珍 Schrs 1 交寄日期(西曆) Д(D) **ŽNT**\$ **元NT**\$ 原谷新局 ●減區號:TAIWAN(↓0 Postal Code: 角圆弹背 中華斯以及 BOC(TAIWAN)POST Contract No. 合約編號 **们中市 灰 甌** 9 A(M) Office of Origin Date mailed Postage 郵資 **∠** 年(Y) 備郵資券 營業郵資券 (II)

請參閱反面注意事項 SEE REVERSE FOR INSTRUCTION